

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 04/01/2008 **and ending** 06/30/2008

**B Check applicable box:** ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1 Name of organization** Midwest Enterprise Group **Employer identification number** 26 - 0697178

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
PO Box 6193

**City or town, state, and ZIP code**  
Des Moines, IA 50309

**3 E-mail address of organization:** mpadvantage@hotmail.com **4 Date organization was formed:** 08/01/2007

**5a Name of custodian of records** Melissa Peterson **5b Custodian's address** 333 E. Grand Ave. #119  
Des Moines, IA 50309

**6a Name of contact person** Melissa Peterson **6b Contact person's address** 333 E. Grand Ave. #119  
Des Moines, IA 50309

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
PO Box 6193  
**City or town, state, and ZIP code**  
Des Moines, IA 50309

**8 Type of report (check only one box)**

- ☐ First quarterly report (due by April 15)  
☒ Second quarterly report (due by July 15)  
☐ Third quarterly report (due by October 15)  
☐ Year-end report (due by January 31)  
☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)  
☐ Pre-election report (due by the 12th or 15th day before the election)  
(1) Type of election:  
(2) Date of election:  
(3) For the state of:  
☐ Post-general election report (due by the 30th day after general election)  
(1) Date of election:  
(2) For the state of:

**9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 36000**

**10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 43741**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Melissa Peterson

07/16/2008

**Sign  
Here**

Signature of authorized official

Date

**Schedule A    Itemized Contributions**

Schedule A

**Contributor's name, mailing address and ZIP code**

Iowa Insurance Institute  
6785 Westown Parkway  
West Des Moines, IA 50266

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 1000

**Amount of contribution**

\$ 1000

**Date of contribution**

05/13/2008

**Contributor's name, mailing address and ZIP code**

Anheuser Busch Cos., Inc.  
One Busch Place  
St. Louis , MO 63118

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 5000

**Amount of contribution**

\$ 5000

**Date of contribution**

06/17/2008

**Contributor's name, mailing address and ZIP code**

Iowa Healthcare Association  
6750 Westown Parkway Suite 100  
West Des Moines, IA 50266

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 30000

**Amount of contribution**

\$ 30000

**Date of contribution**

06/17/2008

**Schedule B**   **Itemized Expenditures**

Schedule B

**Recipient's name, mailing address and ZIP code**MP Advantage  
333 E. Grand Ave. #119  
Des Moines, IA 50309**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 2000  
**Date of expenditure**  
04/03/2008**Purpose of expenditure**

Fundraising Services

**Recipient's name, mailing address and ZIP code**MP Advantage  
333 E. Grand Ave. #119  
Des Moines, IA 50309**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 2000  
**Date of expenditure**  
05/08/2008**Purpose of expenditure**

Fundraising Services

**Recipient's name, mailing address and ZIP code**Iowa Democratic Party Building Fund  
5661 Fleur Dr.  
Des Moines, IA 50321**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 35000  
**Date of expenditure**  
05/08/2008**Purpose of expenditure**

Contribution

**Recipient's name, mailing address and ZIP code**Perkins Coie  
1201 3rd Ave. 40th Floor  
Seattle, WA 98101 - 3099**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 2741  
**Date of expenditure**  
05/13/2008**Purpose of expenditure**

Legal Services

**Recipient's name, mailing address and ZIP code**MP Advantage  
333 E. Grand Ave. #119  
Des Moines, IA 50309**Name of recipient's employer**N/A  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 2000  
**Date of expenditure**  
06/02/2008**Purpose of expenditure**

Fundraising Services